



Administrative Policies and Procedures: 20.1

Subject:	Health Services Administration	
Approval:	,Commissioner	Approved Date:
Authority:	TCA 37-5-105, 37-5-106 and 63-7-101	
Standards:	ACA: 3JTS-4C-02, 3JTS-4C-03, 3JTS-4C-05, ACA 3JTS-4C-11, 3JTS-4C-12; DCS Practice Standards: 7-100A, 7-101A, 7-121C, 8-306	
Application:	All Department of Children's Services Youth Development Center Employees	

Policy Statement:

The administration of health services in TN Department of Children's Services (DCS) Youth Development Centers must be structured in a manner that ensures accountability for care and promotes continuity and consistency of care statewide. Children in care must receive services by medical staff whose license and TN Care Credentials have been verified by the YDC Health Services Coordinator or his/her designee. Health care providers not specifically licensed as a physician or dentist may provide medical treatment to youth in DCS care within the parameters of properly authorized written protocol and applicable state and federal laws and regulations.

Purpose:

DCS must ensure medical, nursing, dental, and mental health services necessary to maintain the basic health of the children/youth in its care.

Procedures:

A. Departmental Responsibility

1. Credentials

- DCS will conduct pre-employment credentialing and periodic credentialing on each licensed health care practitioner. Credentialing is used to ensure that DCS employs competent and qualified licensed health care practitioners.
- Credentialing will be required for all licensed practitioners, who are responsible for providing medical care with DCS Youth Development Centers (YDCs). All privately contracted health care practitioners must also participate in the credentialing process and meet credentialing requirements.
- The Health Care Administrator must maintain a credentialing information file in the health clinic containing copies of the current licenses, certifications, Drug Enforcement Agency (DEA) certification, and any other required information. This file must be update annually. All information obtained through the credentialing process will be

	<p>confidential.</p> <p>2. Chain of command</p> <ul style="list-style-type: none"> a) Responsibility is delegated by the Commissioner through the respective Deputy Commissioners to the Superintendent/Supervisor at each facility. b) The Commissioner must have on his/her staff a Health Services Coordinator who reports directly to the Director of Medical and Behavioral Services. <p>3. Health Services Coordinator</p> <ul style="list-style-type: none"> a) The Health Services Coordinator must be licensed as a registered nurse in Tennessee and must meet class specification qualifications for RN4 and/or RN5. b) The Health Services Coordinator has staff responsibility for planning, organizing, coordinating, and monitoring the health service delivery system for youth committed to DCS community residential facilities. c) Various professionals on staff or under contract with the YDCs serve as consultants to the Health Services Coordinator, including, but not limited to a physician, psychiatrist, dentist, clinical psychologist, registered nurse, and pharmacist. d) The Health Services Coordinator serves as a health consultant/advisor to Residential Programs and YDCs, provides policies and guidelines, and coordinates training as needed. e) The Health Services Coordinator must perform the duties and responsibilities specified in the written job description approved by the Director of Medical and Behavioral Services.
<p>B. Youth Development Center (YDC)</p>	<p>1. Superintendent</p> <ul style="list-style-type: none"> a) The Superintendent of each YDC must be responsible for maintaining a Health Clinic for the delivery of health care services for youth at that facility. b) The Superintendent of each YDC must defer to a responsible physician or the Health Care Administrator regarding treatment issues. c) All medical services must be provided in keeping with the security regulations of the facility and the Department of Children's Services. <p>2. Health Care Administrator</p> <ul style="list-style-type: none"> a) Each YDC must have a Health Care Administrator who is jointly selected and approved by the Superintendent/designee and the Central Office Health Services Coordinator. b) The Health Care Administrator of each facility must be responsible to the Central Office Health Services Coordinator for the delivery of health care services. c) The Health Care Administrator must be <i>administratively</i> responsible to the Superintendent or his/her designee for providing and coordinating health

services in a uniform manner to the facility population.

- d) The duties and responsibilities of the Health Care Administrator must be specified in a written job description jointly approved by the Superintendent/or designee and the Central Office Health Services Coordinator.
- e) The Health Care Administrator must provide a written, functional job description for all health care personnel employed in the health clinic. Each job description will outline the scope of services that is consistent with their level of education, training and experience. These job descriptions will be maintained in a file within the YDC Health Clinic.
- g) The Health Care Administrator must obtain the full legal signature and initials of each health care professional authorized to document in the health record on form **CS-0184, Signature Legend**. This form will be maintained in a file within the YDC Health Clinic.

3. Physician

- a) Each Youth Development Center will have a physician on contract, who must be accountable for final medical judgments concerning youth care at that facility.
- b) The physician, in coordination with the Health Care Administrator and Superintendent, must be accountable for monitoring the quality of medical care available to youth at the facility.
- c) The duties of the physician must be specified in a written agreement, contract, or job description; a copy of such specifications must be maintained in the Health Clinic.
- d) Physician assistants and nurse practitioners must practice under the clinical supervision of a physician employed by DCS or contracted with DCS and must practice within the limits of the physician's clinical protocols and approved applicable State and Federal laws and regulations.
- e) The physician must report immediately to the Superintendent and to the Health Care Administrator any medical condition or practice that imposes a danger to the health and safety of youth.

4. Scope of Practice

All health care personnel providing services to youth at YDCs must practice with the scope of their credentials, standards of practice and applicable laws.

5. Clinical judgment

The responsible practitioner (physician, nurse, dentist, psychiatrist, psychiatric social worker, or psychologist) will be held to the applicable standards of professional conduct in making clinical judgments about medical, nursing, dental, and mental health treatments and the review of medical exams, tests and identification of problems, respectively.

6. Staff Development

- a) Statewide health services meetings may be held periodically to train on best practices, to identify problems within the health care system and

	<p>solutions to them, to improve the coordination of health services system-wide and continuity of care to the community.</p> <p>b) The Health Care Administrator at each facility must attend the periodic statewide health services meetings.</p> <p>c) Members of the health service staff may attend these meetings periodically.</p>
C. Nursing Protocol	<p>A nursing protocol is a written instruction for a specific medical intervention.</p> <p>1. Purpose</p> <p>Each YDC Health Clinic must maintain written nursing protocols, signed by the responsible physician, for the treatment of minor conditions and/or provision of emergency care in accordance with best practice. In the absence of the physician, the nursing protocols provide instruction to nurses and other health care personnel for the treatment of any youth having the condition(s) to which the protocols pertain.</p> <p>a) Nursing protocols are developed jointly by the responsible physician and the nursing staff and must constitute a mutual agreement concerning the management of commonly occurring conditions and needs for emergency care.</p> <p>b) The Health Care Administrator will maintain copies of the nursing protocols in the unit manual or separately, and the protocols must be readily available in the clinical setting for use as a reference.</p> <p>2. Content</p> <p>a) Each nursing protocol must be written and must include a description of the condition, treatment orders, and referral data. They must be written in sufficient detail to provide clear instructions to those responsible for carrying them out in the absence of the physician.</p> <p>b) Nursing protocols must have a cover sheet that serves as a letter of agreement between the physician and the health care staff. This agreement must clearly specify which personnel and/or categories of personnel are authorized to use the protocols, and must be signed by the responsible physician.</p> <p>3. Annual Review</p> <p>The nursing protocols must be reviewed at least annually by the physician and the Health Care Administrator to ensure that they accurately reflect best practice and the intent of the responsible physician. Documentation of the reviews should be kept in the nursing protocol file.</p> <p>4. Orientation to Protocols</p> <p>The Health Care Administrator or designee must orient new health care personnel to the nursing protocols before they are permitted to use them. The responsible physician or the Health Care Administrator may choose to restrict an individual employee's use of the protocols, based on their educational background, experience or expertise.</p>

	<p>5. Medication Prescribed by Protocol</p> <p>When a nursing protocol includes medication therapy (either over-the-counter or prescription drugs), the protocol must clearly specify:</p> <ul style="list-style-type: none"> a) Name of medication or drug; b) Dosage(s) authorized; c) Route(s) of administration; d) Duration of order; e) Frequency of administration; and f) Contraindications for use. <p>6. Prescription Drugs</p> <ul style="list-style-type: none"> a) A protocol order is required in order for nurses and other health personnel to issue a prescription drug in the treatment of minor or commonly occurring conditions. b) A physician or dentist must not delegate in protocols the prescription or issuance of federally controlled substances or psychotropic medications. c) When a nurse or other qualified health personnel administers or distributes a prescription drug as a result of a protocol, he or she must clearly document its administration in: <ul style="list-style-type: none"> ◆ The health record on the physician order sheet and ◆ A corresponding progress note d) Prescription medication, given by protocol, must be co-signed by the physician within seven (7) days. The nursing staff must ensure that this procedure is adhered to and that documentation exists to substantiate it.
<p>D. Clinical Protocols</p>	<p>Facilities that use the services of one or more medical associates (nurse practitioners or physician assistants) must maintain formal clinical protocols.</p> <p>1. Purpose</p> <p>Clinical protocols define the scope of practice for the medical associate and are the means by which the physician delegates to the medical associate specific acts of medical management.</p> <p>Clinical protocols must be readily available in the clinical setting at all times for consultation by individual medical associates and other staff members as needed.</p> <p>2. Content</p> <ul style="list-style-type: none"> a) Clinical protocols constitute a directive from the supervising physician to the medical associate for the treatment of identified conditions, including episodic illnesses, chronic illnesses and emergency treatment. The physician and the medical associate jointly agree to the clinical protocols. Standardized protocols may be adapted to the YDC facility setting, provided that they accurately reflect the intentions of the supervising physician.

	<ul style="list-style-type: none"> b) Each protocol must include the condition, assessment data, treatment data, and indications for referrals, as mutually agreed by the supervising physician and the medical associate. c) The physician – medical associate relationship must be clearly established in writing and a copy maintained in the Health Clinic file. This agreement serves as a cover letter for the clinical protocols. d) Should there be a change in the supervising physician or medical associate, the clinical protocols must be re-negotiated and a new letter of agreement signed. <p>3. Annual Review</p> <p>The physician and the medical associate must review clinical protocols jointly, on an annual basis, in order to update them. Documentation of the review should be kept in the file.</p> <p>4. Medication Prescribed by Protocol</p> <p>Clinical protocols that include medication therapy must clearly outline the drugs that the medical associate is authorized to prescribe in the treatment of identified conditions.</p> <p>5. Documentation of Medication and/or Treatment</p> <ul style="list-style-type: none"> a) All medication or treatment orders by medical associates must be reviewed and countersigned by the physician within seven (7) days. The medical associate must ensure that this procedure is adhered to and that documentation exists to substantiate it. b) The physician must review and initial all laboratory reports, EKG reports, X-ray reports, and similar reports of diagnostic tests ordered by a medical associate practicing under clinical protocols.
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Forms:	<u>CS-0184 Signature Legend</u>
Collateral documents:	None